PART B - FEE(S) TRANSMITTAL

APR 0 1 2005	his form, together wit		or <u>Fax</u>	(703) 746-4000	for Patents ginia 22313-1450		
INSTRUCTIONS: Edis for appropulation Alledrither con indicated unless corrected I maintenance fee notification	m should be used for tran respondence including the below or directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a	E FEE and PUBL ders and notification) specifying a new	ICATION FEE (if req on of maintenance fees correspondence addres	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENC	E ADDRESS (Note: Use Block 1 for 690 03/07/2005 SKEY & OLDS, P.C			Fee(s) Transmittal. T papers. Each addition have its own certifica	of mailing can only be used finis certificate cannot be used nal paper, such as an assignmente of mailing or transmission.	for any other accompanying ent or formal drawing, must	
400 WEST MAPLE ROAD SUITE 350 BIRMINGHAM, MI 48009				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
/05/2005 WABDELR3 00000	061 10762708				Combs /	(Depositor's name)	
FC:1501 1400.00 DA FC:1504 300.00 DA				March 30, 2005 (Signature) (Date)			
APPLICATION NO.	FILING DATE		FIRST NAMED INV	ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/762,708	01/22/2004		Michael F. Tar	ras	60246-249; 10,655	5218	
TITLE OF INVENTION: T.	ANDEM COMPRESSORS	WITH ECONOMI	ZED OPERATION			· -	
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	06/07/2005	
EXAMINER		ART UNIT		CLASS-SUBCLASS			
NORMAN, MARC E		3744		062-062000			
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED OF			or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
			•	•• •	nee is identified below, the d	locument has been filed for	
(A) NAME OF ASSIGNATION (A) Carrier (Co		(В) RESIDENCE: (C Syracuse,	ITY and STATE OR CO New York	OUNTRY)		
Please check the appropriate	assignee category or catego	ries (will not be pri	inted on the patent)	: Individual	Corporation or other private gr	oup entity Government	
4a. The following fee(s) are			. Payment of Fee(s)	:			
Issue Fee Publication Fee (No s		1 \		amount of the fee(s) is e			
				redit card. Form PTO-2038 is attached. is hereby authorized by charge the required fee(s), or credit any overpayment, to Number 03-0835 (enclose an extra copy of this form).			
			Deposit Account N	Number <u>03-0835</u>	(enclose an extra c	opy of this form).	
5. Change in Entity Status a. Applicant claims Sl	(from status indicated above MALL ENTITY <u>s</u> tatus. See :	•	☐ b. Applicant is	no longer claiming SMA	ALL ENTITY status. See 37 C	FR 1.27(g)(2).	
• • • • • • • • • • • • • • • • • • • •					sly paid issue fee to the applications and attorney or agent; or the		
Authorized Signature	Authorized Signature				Date March 30, 2005		
Typed or printed name	Typed or printed name Theodore W. Olds				n No. 33,080		
Alexandria, Virginia 22313-	1450.				the public which is to file (an minutes to complete, includir comments on the amount of tid Trademark Office, U.S. Dep SS. SEND TO: Commissioner trademark of tid OMB control		